

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011367

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 109

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10421

20421

3

4 0

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9420.1

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11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED APR 8 1963

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Windsor

Length of stay in 1b  
6 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 306 W. Benton St.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE Mo. b. COUNTY Henry

c. CITY OR TOWN Windsor Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
306 W. Benton St. Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First BUFORD

Middle GARFIELD

Last COFFEY

4. DATE OF DEATH  
Month April Day 2 Year 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
10-7-1889

9. AGE (last birthday) 73  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Rt. Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Linn Creek, Mo.  
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME

Lewis Jasper Coffey

13b. MOTHER'S MAIDEN NAME

Alice Ann Josephine Moulder Delphia Coffey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT  
Delphia Ann Coffey Windsor, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Acute Coronary Occlusion  
Coronary Artery Disease  
General Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

nil  
5-6 wks  
2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Chronic Asthma and Emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour 1:45 a.m. 1:45 p.m.  
Month, Day, Year 3-2-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-2-63 to 4-2-63 and last saw him alive on 3-29-63  
Death occurred at 1:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Clarence M. Huber, M.D.

22b. ADDRESS

Windsor, Mo.

22c. DATE SIGNED

4/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-4-1963

23c. NAME OF CEMETERY OR CREMATORY

Laurel Oak Cemetery

23d. LOCATION (City, town, or county)

Windsor, Mo.

24. FUNERAL DIRECTOR

Clifford Gouge Windsor, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

4-5-1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 11 1963

1240  
1040

0  
1  
0  
5

2-09

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clifford Louge*

Licensed Embalmer No.

501F

P. O. Address

Windsor, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.